

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	5/26
O.I.P.E. CLASSIFIER	PS	66621	5/26
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/14/03
2	✓	✓	5/14/03
3	✓	✓	5/14/03
4	✓	✓	5/14/03
5	✓	✓	5/14/03
6	✓	✓	5/14/03
7	✓	✓	5/14/03
8	✓	✓	5/14/03
9	✓	✓	5/14/03
10	✓	✓	5/14/03
11	✓	✓	5/14/03
12	✓	✓	5/14/03
13	✓	✓	5/14/03
14	✓	✓	5/14/03
15	✓	✓	5/14/03
16	✓	✓	5/14/03
17	✓	✓	5/14/03
18	✓	✓	5/14/03
19	✓	✓	5/14/03
20	✓	✓	5/14/03
21	✓	✓	5/14/03
22	✓	✓	5/14/03
23	✓	✓	5/14/03
24	✓	✓	5/14/03
25	✓	✓	5/14/03
26	✓	✓	5/14/03
27	✓	✓	5/14/03
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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